

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 02/05/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505416	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2014
NAME OF PROVIDER OR SUPPLIER FOSS HOME & VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 13023 GREENWOOD AVENUE NORTH SEATTLE, WA 98133		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 28239 This report is a result of an unannounced Fire and Life Safety re-certification survey conducted on February 5, 2014 at Foss Home and Village SNF located at 13023 Greenwood Ave. N., Seattle, WA by a representative of the Washington State Fire Marshal. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Health and Human Services (DSHS).</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is comprised of two different construction types as the building was added onto over the years. The original structure was built in 1957 and is a single story Type II (111) construction. The next phase was built in 1972 and is a two story Type V (111) construction built over a concrete basement with a concrete lid. The final phase was built in 1995 and is a single story Type V (111) built over a concrete basement with a concrete lid. Support facilities (kitchen and laundry) are located in the basement (of the second phase). Exiting from the upper two stories and basement is through rated stair enclosures, the main floor exits directly to grade level. The census today is 165 with a capacity for 211. The building is protected throughout by a Type 13 Automatic Fire Sprinkler System and an Automatic Fire Alarm System with smoke detection in the corridors and manual pull stations (the final phase - Transitional Care Unit - also has detectors in the patient rooms).</p> <p>No deficiencies were cited as for this survey. The facility is found to be in compliance with 42 CFR Part 483, " Requirements for Long Term Care Facilities. "</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



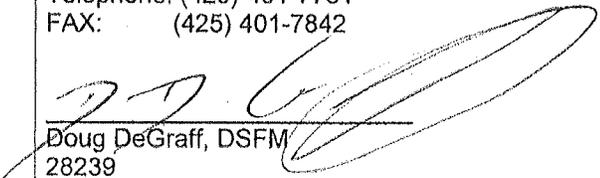
Administrator

2-5-2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1 The Surveyor was: Doug DeGraff Deputy State Fire Marshal Life Safety Code Inspector 28239 The Surveyor was from: Washington State Patrol Fire Protection Bureau 2803 156th Ave SE Bellevue, WA. 98007 Telephone: (425) 401-7731 FAX: (425) 401-7842  Doug DeGraff, DSFM 28239	K 000		